

CHESTERFIELD COUNTY VOLUNTEER APPLICATION

Senior Advocate's Office

VOLUNTEER APPLICATION

Our volunteers provide services for the Senior Advocate's office to help the citizens of Chesterfield County. Volunteers sign up for flexible time commitments during the workweek. Please fill out the application to volunteer with the office.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

Employer: _____ **Occupation:** _____

Birth Date: _____ **Email Address:** _____

In case of emergency, please contact:

Name: _____ **Phone:** _____

Are you a current/former employee of Chesterfield County? _____ **Yes** _____ **No**

QUESTIONS

Have you ever been convicted of a Felony? _____ **Yes** _____ **No**

If yes, give dates and please explain: _____

Are there any pending charges against you? _____

VOLUNTEER INFORMATION

Are you a court-mandated volunteer? _____ **Yes** _____ **No**

Are you volunteering for school credit? _____ **Yes** _____ **No**

When are you available to begin volunteering? _____

How often are you interested in volunteering?

_____ Daily _____ Weekly _____ Monthly _____ As Needed

Which would you prefer? _____ A short-term project _____ An on-going position

Please list any previous volunteer experience: _____

I am interested in volunteering with the following program(s) in the Senior Advocate's office.

_____ Kiddy Buddy

_____ Harrowgate Readers

_____ Office Volunteer

_____ Special Events

_____ Senior Ambassador Program

_____ Telephone Reassurance Program

_____ Other

PERSONAL REFERENCES (other than relatives)

1. Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Number of year's known: _____

2. Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Number of year's known: _____

I certify that the information I have provided to the previous questions is true and correct and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

Signature _____ Date _____

VOLUNTEER'S STATEMENT OF CONFIDENTIALITY

This acknowledges that, as a volunteer with the Chesterfield Senior Advocate's office, I will maintain strict confidentiality of all documents I work with during my volunteer assignment. I understand that any breach of confidentiality will result in immediate dismissal from my volunteer assignment and will disqualify me from volunteering in this department at any time in the future.

Signature: _____

Date: _____

Printed Name: _____